



IT
Docket No.: 000166.0109-US04
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
David Edwards et al.

Application No.: 10/771,447

Group Art Unit: 3743

Filed: February 5, 2004

Examiner: M. B. Patel

For: **INHALATION DEVICE AND METHOD**

TRANSMITTAL LETTER

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

1. Fee Transmittal;
2. Amendment Transmittal Letter (in duplicate);
3. Amendment in Response to Non-Final Office Action;
4. Supplemental Information Disclosure Statement;
5. Form PTO/SB/08a/b;
6. Check No. 001564 for \$216.00 to cover:
\$36.00 additional claims fee;
\$180.00 IDS submission fee; and

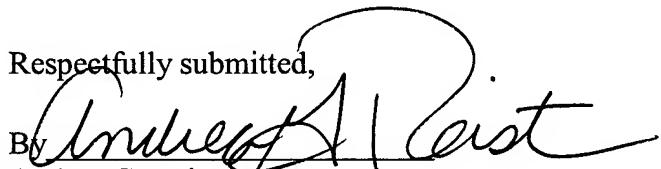
7. Return receipt postcard.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 50-0740, under Docket No. 000166.0109-US04. A duplicate copy of this paper is enclosed.

It is not believed that extensions of time or fees for net addition of claims are required beyond those that may otherwise be provided for in documents accompanying this paper. However, if additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to our Deposit Account No. 50-0740.

Dated: October 1, 2004

Respectfully submitted,

By 
Andrea G. Reister

Registration No.: 36,253
COVINGTON & BURLING
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OCT 01 2004
PATENT & TRADEMARK OFFICE
JC:TT

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **216.00**

Complete if Known	
Application Number	10/771,447-Conf. #3817
Filing Date	February 5, 2004
First Named Inventor	David Edwards
Examiner Name	M. B. Patel
Art Unit	3743
Attorney Docket No.	000166.0109-US04

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number **50-0740**

Deposit Account Name **Covington & Burling**

The Director is authorized to: (check all that apply)

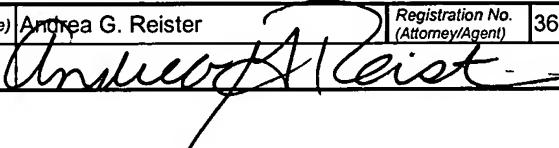
Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	22	Extra Claims $-20^* =$ 2 x 18.00 = 36.00	Fee Paid
Independent Claims	3	$-3^{**} =$ 0 x 0 = 0.00	
Multiple Dependent			
Large Entity Small Entity			
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)		36.00	
**or number previously paid, if greater; For Reissues, see above			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$)		180.00	

(Complete if applicable)

Name (Print/Type)	Andrea G. Reister	Registration No. (Attorney/Agent)	36,253	Telephone	(202) 662-6000
Signature				Date	October 1, 2004